	and Dad offer Ask	£4005	:		t and Trader	roved for use through mark Office; U.S. DEF	PARTMENT (	OF COMMERCE	
<del></del>	respond to a collection	respond to a collection of information unless it displays a valid OMB control number.  Complete if Known							
Effective on 12/08/2004.  Be pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/623667-Conf. #5065					
FFF	TRANS	MITTAL		Filing Date		July 21, 2003			
FEE TRANSMITTAL						Joseph I. Smu	seph I. Smullin		
For FY 2005				Examiner Name T. M. Lithgo		T. M. Lithgow	/		
X Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1724		1724			
TOTAL AMOUNT OF PAYMENT (\$) 600.00				Attorney Docket No. S1330.70004US00					
METHOD OF	PAYMENT (chec	k all that apply)							
Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge fee(s) indicated below  Charge fee(s) indicated below									
Charge any additional fee(s) or underpayment of Credit any overpayments									
FEE CALCU	e(s) under 37 CFR	1.16 and 1.17			<u> </u>				
	G, SEARCH, AND	EXAMINATION FEE	S						
		ILING FEES		ARCH FEES	EXAMII	NATION FEES			
Application T	vno Fool	Small Entity	Eac (\$	Small Entity	E00 (\$)	Small Entity	Fooe I	Pald (\$)	
Utility	<u>ype</u> <u>Fee (</u> 30(		Fee (\$	) <u>Fee (\$)</u> 250	Fee (\$) 200	Fee (\$) 100	rees r	aiu (ψ)	
Design	200		100	50	130	65		-	
Plant	200		300	150	160	80			
Reissue	300		500	250	600	300			
Provisional	200		0	0	0	0		· · · · · ·	
2. EXCESS CL				_				Small Entity	
								Fee (\$)	
Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)							200	100	
Multiple depen							360	180	
Total Claims	Extra Claims	Fee (\$)		Paid (\$)		luitiple Depende			
69	- 62 =	x <u>25.00</u> =	17	5.00	<u>F</u> (	<u>ee (\$)</u> <u>F</u>	ee Paid (\$	2	
Indep. Claims	Extra Claims	Fee (\$)	Fee F	Paid (\$)	<u> </u>			_	
5	-3= 2	x 100.00 =	20	0.00					
listings und	ON SIZE FEE ation and drawings ( der 37 CFR 1.52(e)) action thereof. See	, the application size	e fee du	ie is \$250 (\$125 f	for small e	•	•	0	
Total Sheet	<u>Extra Shee</u>	Number o	f each a	dditional 50 or frac	ction there	of Fee (\$)	Fee !	Paid (\$)	
4. OTHER FEE	100 = (S)	/50		(round up to a who	ole number)	×=	Fees	Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 2252 Extension for response within second month 225.00									
SUBMITTED BY									
Signature	Sin			Registration No. (Attorney/Agent)	27,900	Telephone	(617) 64	6-8000	
Name (Print/Type)	Steven J. Henry					Date 9/	8/00		

C	certificate of Mailing Under 37 CFR 1.8(	a)
I hereby certify that this paper (along with any paper the date shown below with sufficient postage as Firs Patents, P.O. Box 1450, Alexandria, VA 22313-145  Dated:  Signa	st Class Mail, in an envelope addressed to	d) is being deposited with the U.S. Postal Service on its Mail Stop Amendment, Commissioner for